



**REQUEST TO USE  
 ICSD VIDEO CONFERENCING CENTERS  
 & VIDEO BRIDGING SERVICES**

For ICSD Use Only			
Conference Number			Conf ID
<b>Schedule</b>	<b>Confirm</b>	<b>Cancel</b>	
Date	Date	Date	Date
Initial	Initial	Initial	Initial

Complete fields 1-15. Explanations are provided in the instructions document. Incomplete forms may cause delay. **Please fax the completed form to 586-1882. Attn: Assistance Center.** More info at: <https://hawaiiomt.sharepoint.com/sites/ets/AC/VCC/SitePages/Home.aspx>

1. Date Submitted		2. Video Conference Date		3. Time of Video Conference Start Time: _____ End Time: _____	
4. Requestor			5. Department / Division / Branch		
6. Requestor Phone Number		7. Requestor Fax Number		8. Requestor Email Address	
9. Description of Conference					
10. Departmental Person Providing Technical Support for Conference			11. Phone Number		12. Cell Number

13. Site Information

All ICSD sites must be secured at the end of the conference.

ICSD Sites: Check all that apply	Site Phone	Capacity	Name of Trained Person
<input type="checkbox"/> Oahu – Kakuhihewa Bldg. 601 Kamokila Blvd, Kapolei	692-7180	1 - 36*	
<input type="checkbox"/> Oahu – Kalanimoku Bldg. 1151 Punchbowl Street	586-1920 x310	1 - 15*	
<input type="checkbox"/> Hawaii – Hilo State Office Bldg. 75 Aupuni Street	974-6241	1 - 15*	
<input type="checkbox"/> Kauai – Lihue State Office Bldg. 3060 Eiwa Street	274-3002	1 - 15*	
<input type="checkbox"/> Maui – Wailuku State Office Bldg. 54 South High Street	984-2086	1 - 32*	

**H.323 Sites: Add additional sites on VCC Service Request Attachment, form ICSD-197**

ICSD Assigned Site Name	Name of Trained Person	Site Phone Number	IP Address	Call Type

**ISDN Sites: Dial-in / Dial-out over digital lines** (See instructions regarding dial-out toll charges)

Site Location	Name of Contact at Site	ISDN Phone #	Site Voice Phone	Speed	Call Type

14. Conference (See instructions for graphic layout) Screen Type:

15. Special Instructions: At ICSD's discretion, conferences are monitored to provide assistance and ensure quality. Please indicate if the conference is to include confidential information and should not be monitored.

**USE AREA BELOW FOR CANCELLATIONS ONLY**

16. Person Requesting Cancellation Name	Cancellation Signature	Date Cancelled
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**The video conference centers are in high demand. Please cancel conferences and/or sites that are no longer needed. Call the ICSD Assistance Center at the completion of your conference.**

**DO NOT reserve the conference centers for longer than you need.**